

Employer's Quarterly Federal Tax Return

► See separate instructions revised January 2002 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ► (see page 2 of instructions).

Name (as distinguished from trade name)

Date quarter ended

OMB No. 1545-0029

Trade name, if any

Employer identification number

Address (number and street)

City, state, and ZIP code

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If address is different from prior return, check here ►

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5	
6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ► and enter date final wages paid ►

If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ►

1	Number of employees in the pay period that includes March 12th . ►	1			
2	Total wages and tips, plus other compensation	2			
3	Total income tax withheld from wages, tips, and sick pay	3			
4	Adjustment of withheld income tax for preceding quarters of calendar year	4			
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	5			
6	Taxable social security wages	6a			× 12.4% (.124) = 6b
	Taxable social security tips	6c			× 12.4% (.124) = 6d
7	Taxable Medicare wages and tips	7a			× 2.9% (.029) = 7b
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ►	8			
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	9			
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10			
11	Total taxes (add lines 5 and 10)	11			
12	Advance earned income credit (EIC) payments made to employees	12			
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13			
14	Total deposits for quarter, including overpayment applied from a prior quarter	14			
15	Balance due (subtract line 14 from line 13). See instructions	15			
16	Overpayment. If line 14 is more than line 13, enter excess here ► \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.				
	• All filers: If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941).				
	• Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here ► <input type="checkbox"/>				
	• Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here. ► <input type="checkbox"/>				

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's name ►	Phone no. ► ()	Personal identification number (PIN) ►
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature ►	Print Your Name and Title ►	Date ►

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Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature ►	Print Your Name and Title ►	Date ►

**Employer's Annual Federal
Unemployment (FUTA) Tax Return**

OMB No. 1545-0028

2001

▶ See separate instructions for Form 940 for information on completing this form.

**You must
complete
this section.** ▶

Name (as distinguished from trade name)

Calendar year

Trade name, if any

Address and ZIP code

Employer identification number

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A Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) ☐ Yes ☐ No**B** Did you pay all state unemployment contributions by January 31, 2002? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 11, 2002. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) ☐ Yes ☐ No**C** Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? ☐ Yes ☐ No

If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers see **Special credit for successor employers** on page 3 of the instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you will not have to file returns in the future, check here (see **Who Must File** in separate instructions), and complete and sign the return ☐

If this is an Amended Return, check here. ☐

Part I Computation of Taxable Wages

1 Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1		
2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2		
3 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee. (See separate instructions.) Do not include any exempt payments from line 2. The \$7,000 amount is the Federal wage base. Your state wage base may be different. Do not use your state wage limitation.	3		
4 Add lines 2 and 3	4		
5 Total taxable wages (subtract line 4 from line 1) ▶	5		

Be sure to complete both sides of this form, and sign in the space provided on the back.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▼ DETACH HERE ▼

Cat. No. 112340

Form **940** (2001)**Form 940 Payment Voucher**

OMB No. 1545-0028

2001

Use this voucher only when making a payment with your return.

Complete boxes 1, 2, and 3. Do not send cash, and do not staple your payment to this voucher. Make your check or money order payable to the "United States Treasury." Be sure to enter your employer identification number, "Form 940," and "2001" on your payment.

1 Enter your employer identification number. 	2 Enter the amount of your payment. ▶ 	Dollars	Cents
	3 Enter your business name (individual name for sole proprietors). 		
	Enter your address. 		
	Enter your city, state, and ZIP code. 		

Part II Tax Due or Refund

1	Gross FUTA tax. Multiply the wages from Part I, line 5, by .062							1		
2	Maximum credit. Multiply the wages from Part I, line 5, by .054							2		
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)									
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period		(e) State ex- perience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (e))	(h) Additional credit (col. (f) minus col.(g)) If 0 or less, enter -0-	(i) Contributions paid to state by 940 due date	
			From	To						
3a	Totals . . . ▶									
3b	Total tentative credit (add line 3a, columns (h) and (i) only—for late payments, also see the instructions for Part II, line 6) ▶							3b		
4										
5										
6	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet in the Part II, line 6 instructions							6		
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III . . .							7		
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year . . .							8		
9	Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions ▶							9		
10	Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded ▶							10		

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 7 is over \$100. See page 6 of the separate instructions.

Quarter	First (Jan. 1–Mar. 31)	Second (Apr. 1–June 30)	Third (July 1–Sept. 30)	Fourth (Oct. 1–Dec. 31)	Total for year
Liability for quarter					

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions page 4)? ☐ Yes. Complete the following. ☐ No

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶

Title (Owner, etc.) ▶

Date ▶

